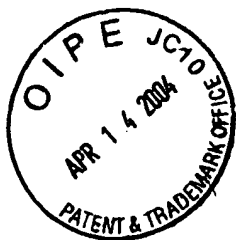


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Examiner: M. Audet Art Unit: 1654
Re: Application of: Srinivasan Ramanathan, et al.
Serial No.: 10/072,657
Filed: February 8, 2002
For: **ENHANCED ORAL AND
TRANSCOMPARTMENTAL
DELIVERY OF THERAPEUTIC OR
DIAGNOSTIC AGENTS**

RESPONSE TO RESTRICTION REQUIREMENT

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

April 12, 2004

Sir:

Reconsideration of the present application in view of the following amendments and remarks is respectfully requested.

I. INTRODUCTORY COMMENTS

In response to the Restriction Requirement mailed December 11, 2003 please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins of page 2 of this paper.

Remarks begin on page 9 of this paper.

COMMISSIONER FOR PATENTS
Alexandria, VA 22313-1450

Docket No.: 614.1013
Date: April 12, 2004

In re application of: Srinivasan Ramanathan, et al.
Serial No.: 10/072,657
Filed: February 8, 2002
For: **ENHANCED ORAL AND TRANSCOMPARTMENTAL DELIVERY OF THERAPEUTIC OR
DIAGNOSTIC AGENTS**

Sir:

Transmitted herewith is a **Response to Restriction Requirement** in the above-identified application.

- ☐ Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.
☐ Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.
☒ No fee for additional claims is required.
☐ A filing fee for additional claims calculated as shown below, is required:

FOR:	(Col. 1)	(Col. 2)	PRESENT	SMALL ENTITY		OR	LARGE ENTITY	
	REMAINING	HIGHEST		RATE	FEE		RATE	FEE
	AFTER	PREVIOUSLY						
	AMENDMENT	PAID FOR	EXTRA					
TOTAL CLAIMS	* Minus**	=	0	x \$	9	\$	x \$	18
INDEP. CLAIMS	* Minus***	=	0	x \$	42	\$	x \$	84
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+	\$140	\$	+	\$280

TOTAL: \$ OR TOTAL: \$

- * If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☒ Also transmitted herewith are:
☒ Petition for extension under 37 C.F.R. 1.136 (in duplicate)
☐ Other:
☒ Check(s) in the amount of **\$475.00** is/are attached to cover:
☐ Filing fee for additional claims under 37 C.F.R. 1.16
☒ Petition fee for extension under 37 C.F.R. 1.136
☐ Other:
☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552:
☒ Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
☒ Any patent application processing fees under 37 C.F.R. 1.17.
☒ Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.

Robert J. Paradise, Reg. No. 41,240
 DAVIDSON, DAVIDSON & KAPPEL, LLC
 485 Seventh Avenue, 14th Floor
 New York, New York 10018
 Tel: (212) 736-1940
 Fax: (212) 736-2427

I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being deposited with sufficient postage to the United States Postal Service as "first class mail" in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on

April 12, 2004.

DAVIDSON, DAVIDSON & KAPPEL, LLC

BY: [Signature]